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Nutrition Education — An Integral Part of Consumer Education

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The recommendations and discussions of the recent White House Conference on Food, Nutrition, and Health publicized the need for basic nutrition education for all consumers. Nutritionists and workers in allied professions are being asked to expand or extend their nutrition programs for all consumers.

Several of our readers have requested information on content and approaches for such programs taking into account the present nutritional situation in the United States and the 1968 Recommended Dietary Allowances.

In this issue of Nutrition Program News, we present information in this area based on our participation in several workshops and seminars.

NUTRITION EDUCATION AND THE CONSUMER

Those of us who have made food and nutrition our careers are convinced of the positive relationship of food and nutrition to the health and well-being of all our people. We become highly enthusiastic and want to teach the consumer all we know whether he wants to learn or not.

The late President Kennedy stated that the consumer had the right (1) to choose, (2) to be informed, (3) to safety, and (4) to be heard. Inherent in his right to be informed is the consumer's right *not* to become informed.

In the area of nutrition, some consumers are totally disinterested as long as they are not physically hungry; some are interested in what to do but not why; others want to know why; and still others want to delve much deeper. Each group must be identified because each requires special attention in terms of approaches and subject matter content. To complicate matters, it is not always possible to arrange homogeneous groupings. Identification, however, helps the teacher to understand why some members "tune out" when she starts to explain the "why" of her recommendations.

Basic information

Several years ago, a subcommittee of the Interagency Committee on Nutrition Education (ICNE) was asked to study the body of nutrition knowledge and to formulate important nutrition concepts that everyone should become familiar with and follow.

As a result, the ICNE published four basic concepts of nutrition. These are the "big ideas" dealing largely with food selection. If we can inspire people to wisely select the food they eat, they will reap the benefits of a good diet even if they do not know *why*.

Basic concepts of nutrition

Following are listed the concepts along with comments on what we can expect the least-interested consumer to know and the outcomes we hope our teaching to achieve:

I. Nutrition is the food we eat and how the body uses it.
   A. Where do we start? How little can we expect the consumer to know? He is not without authentic information.
      1. He knows he will die if he goes long enough entirely without food.
      2. He knows that he must have a certain quantity—if he seriously undereats, eventually he will not feel well.
      3. He knows the foods he will eat and those he will not eat.

B. What parts of this idea is the consumer least likely to understand?
   1. The importance of eating the proper variety of foods.
   2. The way the body uses the food he eats influences his total health.

C. What outcomes do we desire for the individual?
   1. An understanding that nutritional health depends on—
      a. The individual consistently eating enough of the right kinds of food.
      b. The body's ability to use the components of food for building and repair of tissue, for regulation of body processes, and for energy to work and play.
   2. A desire to know how to select combinations of food that will meet nutrient and energy needs and at the same time be enjoyable.

II. Food is made up of different nutrients needed for health and growth.

A. What can we expect the consumer to know about this?
   1. This is usually an area of great confusion. The consumer may undertand that each nutrient has specific uses in the body, but he has many other facts that he does not comprehend.
   2. The consumer knows many pat phrases and technical words that he has learned from both good and poor sources of information in the community. However, his comprehension of what he can repeat is often limited.

B. How can we promote understanding?
   1. Teach the consumer to use a reliable food guide to help him make his selections—"Food for Fitness—A Daily Food Guide" (Leaflet No. 424) is a good one because so many materials and visuals are geared to it.
   2. Demonstrate the flexibility of the food guide by setting up meals for a day based on cultural food patterns and the food preferences of individuals. The opportunity to sample a variety of food helps.

C. What outcomes do we desire for the consumer?
   1. Some facility in selecting food combinations that will insure a good nutritional foundation—ability to choose from the four food groups sufficient amounts of foods that he will eat with enjoyment.
   2. The realization that the greater the variety of foods he likes, the easier it is to choose combinations of foods that can lead to an adequate diet.
   3. A willingness to try to extend the variety of foods—particularly those types that are most likely to be short in diets.

III. All persons throughout life have need for the same nutrients, but in varying amounts.

A. What can we expect the consumer to know?
   1. Children, pregnant women, and elderly people present special problems.
   2. There is much misunderstanding in this area also. Many consumers believe they outgrow their need for nutrients because they confuse a need for nutrients with a need for particular foods. For example, they believe they outgrow completely their need for milk and often shortchange themselves where calcium is concerned.

B. How can we promote understanding of this idea?
   Using the daily food guide, relate recommendations for amounts of food to age, sex, size, activity, and state of health. For example, relate the amounts of milk recommended for teenagers and adults to growth and maintenance of body tissues or relate the need for energy of the various age groups to recommendations for calories. Then apply this in rounding out meals to meet individual nutrient and energy needs.

C. What outcomes do we desire for the individual?
   1. Ability to use the daily food guide in selecting combinations of food that will meet the individual's needs for nutrients and food energy.
   2. Some understanding of what constitutes an adequate diet for the various family members.

IV. The way food is handled influences the amount of nutrients in food, its safety, appearance, and taste.

A. What can we expect the consumer to know?
   The consumer has a plethora of isolated facts, but advertisers and faddists—taking information out of context—have promoted great confusion in this area.

B. How can we promote understanding of this idea?

Provide information and demonstrations on how nutrients are conserved in foods.

NUTRITIONAL SITUATION

The findings of the survey of individual diets, made as a part of the 1965-66 Nationwide Survey of Food Consumption, revealed needs of various age-sex groups. These findings can give direction for planning programs for these groups.

Groups likely to need special help

Girls and women, ages 9 to 64.—Calcium levels were below the recommended allowances for all female groups in this age range by at least 20 percent and for some, over 30 percent. Iron levels were 30 percent or more below recommended allowances except for women 55 years and over. Thiamin was also below recommended allowances but only to the extent of 1 to 10 percent.

Older men and women.—Women, 65 and over, were below the recommended nutrient allowances more often than the younger women—more than 30 percent below for calcium and also below for thiamin, riboflavin, iron, and vitamin A value. Men of the upper age group, 75 years and over, averaged 24 percent below for calcium and also averaged somewhat under allowances for riboflavin, vitamin A value, and ascorbic acid.

Infants and children under 3 years.—Iron in the diets of infants and children in this age group averaged about 50 percent under recommended allowances. Other nutrients were found to be above—some well above—the recommended dietary allowances.

Food intake

Milk and milk products.—Foods in this group were the major source of calcium in the diet and in most age-sex groups, the major source of riboflavin. The highest consumption was by children under one year; next by boys 9-19 years of age. Boys and men used more milk products than girls and women in all age groups nine years and above.

Among females, a decline in consumption set in with the 12-13 year old group and the quantity was lower in each successive group until ages 35-54. The latter was lowest of all groups—average consumption per day not quite one cup of whole fluid milk, or its calcium equivalent. Among males, decline in use began with age 20.

Meat, poultry, fish.—For both males and females, consumption of meat, poultry, and fish increased with age until peak consumption was reached in the 20-34 year old group. Quantities eaten by males were considerably higher than those eaten by females. Except for the very youngest children, over 85 percent reported using one or more foods from this group on the day of the survey.

Grain products.—These products were included in the diets of practically everyone—the usual form was bread products including rolls and biscuits. Boys and men used larger quantities than girls and women in all age groups nine years old and over. The highest level was used by boys 15-19 years who consumed average amounts equal to the weight of 6 slices of bread plus 7 ounces of other grain products.

Tomatoes and citrus fruits.—Tomatoes and citrus fruits are recognized as important sources of ascorbic acid. Usage of these foods ranged from 19 percent by infants under one year to almost 50 percent by men and women in 20-34 year old age group.

Women, 55-74 years, ate more tomatoes and citrus fruits than men in the same age group. This was the exception to the observation that men generally ate more of each food group than did women. Quantities consumed by girls 15-17 dropped while those consumed by boys in the same age group increased.

Dark-green and deep-yellow vegetables.—This group includes vegetables of high vitamin A value. Usage was relatively low—only 10-20 percent of all persons in the various age groups ate any of these vegetables in one day.

Beverages other than milk or juices.—This group includes coffee, tea, soft drinks, and alcoholic beverages. Consumption increased with age, and the highest level of intake was by men and women in ages 35-54.

Soft drinks constituted a large proportion of the beverages in this group used by children and adolescents. About one-third of the children and one-half of the adolescents reported using soft drinks in a day.

Generally, the average quantities of milk and milk products consumed by persons in different age groups varied inversely with the average quantities of other beverages used.

GUIDANCE GEARED TO NEEDS OF INDIVIDUALS

Guidance should be geared to the needs of the people being taught.

A study of the situation reveals that no single age-sex group has a diet that is poor in all respects. Programs must be planned for upgrading diets where such upgrading is needed.

Realistic suggestions

Community nutrition workers are faced with the old persistent problem—how to teach food selection and motivate behavioral changes.

We cannot expect to solve the problem completely with fortification of foods with synthetic nutrients. Indiscriminate fortification can upgrade diets, but, for some age-sex groups, excesses may occur. We do not know the results of such excesses over a period of time.

We know more about the nutritional needs and the diets of various age-sex groups than we have been able to document earlier. We also have recommendations for nutrients that we have never had before. We must provide realistic guidance to help people make their food selections. But, can we face these groups with innumerable lists of food sources that should be included in their diets every day, several times a week, or several times a month? This would appear to be so complicated that our audience would not even attempt to use the lists.

At present, the best procedure is for nutrition workers to (1) learn the preferences of the group they wish to help, (2) investigate the foods available to the group at a price they can pay, and (3) develop a list of foods from the four food groups that will complement the foods the members of the group are already using and thus fortify foods with other foods. These foods, or food combinations, are packages of nutrients that will upgrade diets where such upgrading is needed. This can only be done at the local level.

Where advice is especially needed

One-member families.—Practical help in food selection, purchasing, and preparation is needed for one-member families who cook for themselves. These individuals often limit the variety of food they eat and, in many cases, also limit themselves nutritionally because food is generally packaged for larger families and might be wasted if not eaten at successive meals.

People who eat most meals in restaurants.—The trend in restaurant menus seems to be toward a meal of meat, potato, lettuce with choice of dressing, bread, and a beverage. Unless persons in this group include a wider variety of fruits and vegetables in their daily intake, they run the risk of seriously short-changing themselves nutritionally. Wisely chosen fruit and vegetable snacks may be a partial solution here.

Homemakers employed away from home.—The busy homemaker must be highly organized to manage her time to advantage and feed her family without resorting to the prepared or partially prepared foods that are available to her in great variety. She often needs help in choosing foods to combine with prepared entrees. These entrees save time and energy but may not carry the package of nutrients that a similar dish would carry if made from "scratch." Suggestions could be made for simple salads that have a higher nutritional value than lettuce.

Elderly men and women.—Many of this group have all the problems of one-member families complicated by the problems of age. Often they limit the variety of foods they eat because of such things as chewing difficulty, physical problems that make food preparation difficult, a lagging interest in food, and inability to do much food shopping.

In many instances, these people do not need to learn to eat a variety of foods with enjoyment, but rather to have a good assortment of foods made available to them. This is where emphasis needs to be placed rather than trying to drastically modify their eating habits.

IN CONCLUSION

"Food for Fitness—A Daily Food Guide" continues to be an excellent guide in teaching food selection. Emphasis needs to be placed on variety in choices, particularly among fruits and vegetables. Further fortification of foods with specific nutrients may help upgrade diets. This does not promise to produce sure-fire solutions, however.

The job to be done now by community nutrition workers is to continually encourage individuals to eat food combinations they enjoy—combinations that will, in fact, fortify food with food and thus meet the individual's nutrient needs.

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